



Bib Data Sheet


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SERIAL NUMBER 09/580,126	FILING DATE 05/30/2000 RULE _	CLASS 348	GROUP ART UNIT 2711	ATTORNEY DOCKET NO. 03046-P0003A	
APPLICANTS Samuel Louis Iserson, Wilton, CT ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 07/28/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY CT	SHEETS DRAWING 4	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 42
ADDRESS					
24126					
TITLE					
Asynchronous video interview system					
FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 1380

SERIAL NUMBER 09/580,126	FILING DATE 05/30/2000 RULE	CLASS 705	GROUP ART UNIT 3629	ATTORNEY DOCKET NO. 03046-P0003A
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APPLICANTS

Samuel Louis Iserson, Wilton, CT;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 07/28/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 4	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

ADDRESS
 24126
 ST. ONGE STEWARD JOHNSTON & REENS, LLC
 986 BEDFORD STREET
 STAMFORD , CT
 06905-5619

TITLE
 Asynchronous video interview system

FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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